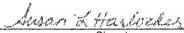
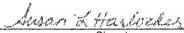
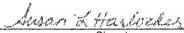


<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) <b>66631-8013</b>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of <b>LIM ET AL.</b></td> </tr> <tr> <td style="width: 50%; padding: 5px;">Application Number <b>10/623,481</b></td> <td style="width: 50%; padding: 5px;">Filed <b>JULY 18, 2003</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">For <b>Dual Drug Dosage Forms with Improved Separation of Drugs</b></td> </tr> <tr> <td style="padding: 5px;">Art Unit <b>1618</b></td> <td style="padding: 5px;">Examiner <b>Young, Micah Paul</b></td> </tr> </table>			In re Application of <b>LIM ET AL.</b>		Application Number <b>10/623,481</b>	Filed <b>JULY 18, 2003</b>	For <b>Dual Drug Dosage Forms with Improved Separation of Drugs</b>		Art Unit <b>1618</b>	Examiner <b>Young, Micah Paul</b>
In re Application of <b>LIM ET AL.</b>										
Application Number <b>10/623,481</b>	Filed <b>JULY 18, 2003</b>									
For <b>Dual Drug Dosage Forms with Improved Separation of Drugs</b>										
Art Unit <b>1618</b>	Examiner <b>Young, Micah Paul</b>									
<p>Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <span style="float: right;">\$ <u>540.00</u></span></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional required fees, or credit any overpayment to Deposit Account No. <u>50-4616</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> applicant/inventor.   <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)   <input type="checkbox"/> attorney or agent of record. Registration number _____   <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: <u>59,144</u> </td> <td style="width: 50%; vertical-align: top;"> <div style="text-align: center;">               _____              Signature               Susan L. Harlocker              Typed or printed name           </div> <div style="text-align: center;">             650-590-1919              Telephone number   <u>June 18, 2010</u>              Date           </div> </td> </tr> </table>			<input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  <input type="checkbox"/> attorney or agent of record. Registration number _____  <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: <u>59,144</u>	<div style="text-align: center;">               _____              Signature               Susan L. Harlocker              Typed or printed name           </div> <div style="text-align: center;">             650-590-1919              Telephone number   <u>June 18, 2010</u>              Date           </div>						
<input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  <input type="checkbox"/> attorney or agent of record. Registration number _____  <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34: <u>59,144</u>	<div style="text-align: center;">               _____              Signature               Susan L. Harlocker              Typed or printed name           </div> <div style="text-align: center;">             650-590-1919              Telephone number   <u>June 18, 2010</u>              Date           </div>									
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>										
<p><input type="checkbox"/> *Total of _____ forms are submitted.</p>										